



JEFFERSON ELEMENTARY PTA CHECK REQUEST

Request Date:

Pay by Date:

Section I - Payment Request/Information

Reimbursement Request (Print Name/Address in Section II Below)

Invoice Attached

Will pick up from: Please Mail Cash ADVANCE Pre-Approval

Section II - Payee Information

Name:

Phone:

Address:

City, State, Zip:

Section III - Items Ordered

Event	Amount	Expense Description

Total Amount Requested

\$

Section V - Order/Check Request Approval

Signature of person submitting bill: _____ Date: _____

Signature of Committee Chair: _____ Date: _____

(REQUIRED for reimbursement)

Please attach your receipt to this form and turn into the PTA Treasurer Treasurer@jeffersonpta.org or turn it into the PTA treasure slot in the workroom at Jefferson. **Please submit receipts with only items related to the project, do not include personal items.** Thank you!